



888-227-4439

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Version: 4.4.0.4

SAMPLE SCREEN SHOT

Date: August 12, 2008

CHIRP-Web Login

Username :

Password :

[Forgot Password](#)

Clear

Login

Before logging in:

- Enable your browser to accept cookies. This is **required** to use the application.
- Enable your browser for scripting. This is **required** to use the application.
- Disable popup blocker for this site. This is **required** to use the application.



888-227-4439

Logged in: PENNY LEWIS

Date: August 12, 2008

Choose School

Choose a school to work from for this session.

School:

[Click to select](#)

Default Grade:

P3

Continue

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Select School

Search Criteria:

State:

INDIANA

County:

☒ Select

MARION

School District:

ISDH TEST SCHOOL DISTRICT

Type:

☒ All

☐ Public Only

☐ Private Only

Name:

☐ Begins with:

☒ Contains:

Search

Search Results						
Select	School Name	Street	City	State	Zip Code	Public School

Cancel

Clear



888-227-4439

Logged in: PENNY LEWIS

Date: August 12, 2008

Choose School

Choose a school to work from for this session.

School:

ISDH TEST SCHOOL

[Click to select](#)

Default Grade:

P3

Continue

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Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

Patient Search

First Name or Initial:

SIIS Patient ID:

Last Name or Initial:

Birth Date:

Family and Address Information:

Guardian First Name:

Street:

☐ P.O. Box:

☒ Street:

City:

State:

--select--

Zip Code:

Phone Number:

☐ Check here if adding a new patient.

Clear All

Reset Values

Run Search

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.



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Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

Patient Search

First Name or Initial:	t%	SIIS Patient ID:	
Last Name or Initial:	test%		
Birth Date:			

Family and Address Information:

Guardian First Name:			
Street:	<input type="radio"/> P.O. Box:	<input type="radio"/> Street:	
City:		State:	--select--
Zip Code:		Phone Number:	

☐ Check here if adding a new patient.

Clear All

Reset Values

Run Search

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.



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Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

Patient Search

First Name or Initial:	t%	SIIS Patient ID:	
Last Name or Initial:	test%		
Birth Date:			
Family and Address Information:			
Guardian First Name:			
Street:	<input type="radio"/> P.O. Box:	<input checked="" type="radio"/> Street:	
City:		State:	--select--
Zip Code:		Phone Number:	

☐ Check here if adding a new patient.

Clear All

Reset Values

Run Search

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.

Patient Search Results

Records Found = 46

Search Criteria: First Name / Last Name (Like)

Select	First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
-->	BOBBY		JOHNSON-PEREZ	01/02/2003	2610913	MARIA	
-->	T		TEST	04/27/2005	2339274	DAISY	
-->	TAMMY		TEST	02/23/2003	3103331	ADAM	YOUNCE
-->	TAWNY	K	TEST	04/21/1993	3314145	PENNY	
-->	TEST		TEST	03/01/2000	2182625	TANYA	
-->	TEST		TEST	07/04/1996	1361680		
-->	TEST		TEST	12/01/2001	2243270	NA	
-->	TEST		TEST	04/28/2005	2339657	MOTHER	
-->	TEST		TEST	05/20/2005	2383390	RUDDICK	
-->	TEST		TEST	01/01/1914	2849594		
-->	THOMAS	KEXTEL	TEST	05/31/1936	3364985	THOMAS	
-->	THOMAS		TEST	01/01/1990	3284804	JANNY	TEST253
-->	THOMAS		TEST	03/01/2008	3331044	BETTY	
-->	TIFFANY	DIANE	TEST	07/01/2005	2452579	TAMMY	
-->	TIM		TEST	06/24/1998	3010900	MILL	
-->	TIMMY		TEST	02/04/2001	2185604	SARA	TEST
-->	TIMMY		TEST	01/08/2003	2836713	REGINA	
-->	TIMMY		TEST	12/10/2006	2931144	JANE	
-->	TIMY		TEST	01/01/2004	2756444	JAM	
-->	TOBY		TEST	01/01/2001	2413248	TIMMY	
-->	TOBY		TEST	05/20/2005	2452844	TEST MOTHER	
-->	TOBY1		TEST	01/02/2001	2413249	TESTMOM	
-->	TOMMIE		TEST	02/23/2001	3013895	TERRA	TEST
-->	TOMMY		TEST	01/01/1970	2555762	TANYA	TEST
-->	TOMMY		TEST	01/01/2004	2821290	JOHN	
-->	TOMMY		TEST	08/01/2004	2929231	PATTY	
-->	TOMMY		TEST	08/22/1985	2951604	SANDI	



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Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

Patient Detail

First Name:	BOBBY
Middle Name:	
Last Name:	JOHNSON-PEREZ
Guardian Name:	MARIA
Street:	1234 MAIN ST
City:	AUBURN
County:	HAMILTON
State:	INDIANA
Zip Code:	46706
Home Phone:	(260)237-8343
Inactive:	

School Reporting

School:	ISDH TEST SCHOOL	Include on Reports:	<input checked="" type="checkbox"/>
Grade Level:	K		
Exemption:	<input checked="" type="radio"/> None	<input type="radio"/> Medical	<input type="radio"/> Religious

Edit

Update



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Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

☐ Apply Defaults from Personal Settings to this Record

Patient Demographics Edit

First Name:	BOBBY	Race:	White Black or African American
Middle Name:			
Last Name:	JOHNSON-PEREZ		
Suffix:	--none--	SSN:	
Birth Date:	01/02/2003		
		VFC Status:	Nat. Amer.or Alaskan
		Inactive:	

Alias

First Name:	THOMAS	Last Name:	TEST
-------------	--------	------------	------

Address

Street	<input type="radio"/> P.O. Box:		Physical Address:	
	<input checked="" type="radio"/> Street	1234 MAIN ST		
City	AUBURN			
Country:	United States			
State:	IN	Zip Code:	46706	
County/Parish:	HAMILTON	District/Region:		
Phone:	(260)237-8343	Extension:		
Email:	PELEWIS@ISDH.IN.GOV			
School	ISDH TEST SCHOOL			

Family & Contact

Guardian 1 First:	MARIA	Guardian 1 SSN:	
Guardian 1 Middle:		Guardian 2 First:	JOHN-BOBBY
Guardian 1 Last:		Guardian 2 Last:	HERNANDEZ-SMITH
Mother Maiden Name:	TEST	Guardian Work Phone:	(888)227-4439

Cancel

Reset

Save



888-227-4439

Logged in: PENNY LEWIS

Date: August 12, 2008

Patient			
Name:	BOBBY JOHNSON-PEREZ	SIIS Patient ID:	2610913
Date of Birth:	01/02/2003	Age:	292 weeks, 67 months, 5 yrs
Guardian:	MARIA	Status:	Active

[Print Page](#)

Vaccination View/Add

This patient has one or more contraindications.

The patient was reported to have had the Chickenpox disease.

(* - Historicals , #- Adverse Reaction , !- Warning , +- Entered by School Nurse)

Double-click in any date field below to enter the default date: 08/12/2008						
Vaccine	1	2	3	4	5	6
DTaP	06/23/2006 *	08/23/2006 *	05/01/2007 *	05/14/2008		
Hep B/Hib	05/01/2007					
IPV	10/23/2006 *	07/30/2007 *	05/14/2008 *			
MMR	08/07/2007	05/14/2008 *				
Pneumococcal(PCV7)	03/02/2004 *	05/02/2004 *	07/03/2004 *	01/02/2005 *		
DTaP/Hep B/IPV						
Td (Adult)						
Tdap						
Hib--PRP-OMP						
Hib--PRP-T						
Hib--unspecified						
Hep B Ped/Adol - Preserv Free						
Pneumococcal(PPV23)						
MMR/Varicella						
Varicella	History					
Hep A 2 dose - Ped/Adol						
Meningococcal Conjugate (MCV4)						
Hepatitis B--adult						
PPD Test						
Rotavirus, pentavalent						
HPV, quadrivalent						
--select--						
--select--						
--select--						

Clear

Add Historicals

- 'X' indicates a vaccination outside the ACIP schedule.
- '*' indicates a historical vaccination.
- '#' indicates a reaction to the vaccination given.
- '+' indicates that a vaccination is entered by school nurse (in other words, information about the vaccination was taken from a written immunization record and not entered by a provider).
- If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary.
- blue: indicates a vaccination administered or recorded in your facility.

↓	Contraindications
↓	Exemptions
↓	Precautions
↓	Allergies
↓	Comments
↑	Vaccination Forecast

The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
HEP-B 3 DOSE**	2	Past Due	05/29/2007	08/23/2007	Past Due
DTaP/DT/Td/Tdap*	5	01/02/2014	01/02/2014	02/02/2016	Up to Date
HEP-B 2 DOSE**	1	01/02/2014	01/02/2014	02/01/2014	Up to Date

* DTaP or DT should be given to patients under 7 years of age. Td should be given to patients over 7 years of age. Patients over the age of 11 should receive one dose of Tdap.

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Due Now -- As of today's date, the patient's age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.

Past Due -- As of today's date, the recommended maximum age or the recommended maximum date for this dose has passed.

Up to Date -- As of today's date, the patient is not due or past due.

Optional -- This vaccine may be administered today. Although the usual "recommended" date has not been met, the minimum valid date for this dose has been met.



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Logged in: PENNY LEWIS

Date: August 12, 2008

Patient

Name:	BOBBY JOHNSON-PEREZ	SIIS Patient ID:	2610913
Date of Birth:	01/02/2003	Age:	292 weeks, 67 months, 5 yrs
Guardian:	MARIA	Status:	Active

Vaccination Forecast

The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
HEP-B 3 DOSE**	2	Past Due	05/29/2007	08/23/2007	Past Due
DTaP/DT/Td/Tdap*	5	01/02/2014	01/02/2014	02/02/2016	Up to Date
HEP-B 2 DOSE**	1	01/02/2014	01/02/2014	02/01/2014	Up to Date

* DTaP or DT should be given to patients under 7 years of age. Td should be given to patients over 7 years of age. Patients over the age of 11 should receive one dose of Tdap.

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Due Now -- As of today's date, the patient's age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.

Past Due -- As of today's date, the recommended maximum age or the recommended maximum date for this dose has passed.

Up to Date -- As of today's date, the patient is not due or past due.

Optional -- This vaccine may be administered today. Although the usual "recommended" date has not been met, the minimum valid date for this dose has been met.

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Logged in: PENNY LEWIS

Date: August 12, 2008

Patient			
Name:	BOBBY JOHNSON-PEREZ	SIIS Patient ID:	2610913
Date of Birth:	01/02/2003	Age:	292 weeks, 67 months, 5 yrs
Guardian:	MARIA	Status:	Active

Vaccination Summary

Does not include all vaccination types.

Vaccinations outside the ACIP schedule are marked with an 'X'.

Vaccine Family	1	2	3	4	5	6	7	8
DTaP/DTP/Td	06/23/2006	08/23/2006	05/01/2007	05/14/2008				
OPV/IPV	10/23/2006	07/30/2007	05/14/2008					
MMR	08/07/2007	05/14/2008						
Hib	05/01/2007							
Hep B - 3 Dose	05/01/2007							
Pneumo (PCV7)	03/02/2004	05/02/2004	07/03/2004	01/02/2005				

Invalid Vaccinations

Invalid Vaccinations	Date	Reason
----------------------	------	--------

Vaccine Deferrals

Vaccine	Dose	Date
---------	------	------

Vaccine Contraindications

Contraindications

Exemptions

Precautions

Vaccination Forecast

The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
HEP-B 3 DOSE**	2	Past Due	05/29/2007	08/23/2007	Past Due
DTaP/DT/Td/Tdap*	5	01/02/2014	01/02/2014	02/02/2016	Up to Date
HEP-B 2 DOSE**	1	01/02/2014	01/02/2014	02/01/2014	Up to Date

* DTaP or DT should be given to patients under 7 years of age. Td should be given to patients over 7 years of age. Patients over the age of 11 should receive one dose of Tdap.

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Due Now -- As of today's date, the patient's age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.

Past Due -- As of today's date, the recommended maximum age or the recommended maximum date for this dose has passed.

Up to Date -- As of today's date, the patient is not due or past due.

Optional -- This vaccine may be administered today. Although the usual "recommended" date has not been met, the minimum valid date for this dose has been met.

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Logged in: PENNY LEWIS

Date: August 12, 2008

School Nurse Reports

School Immunization Report

Action Report

Action Report Notice/Letter

Action Report Notice/Letter Message

Facilities not Reporting

Summary of Student Immunization Data

Student Detail

Official State Report of Immunization (Individual)

School Submission Report

Official State Record of Student Immunization (Group Printing)



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Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

Action Report Notice/Letter Message

Add/Edit Letter Message

Content

Type in this box what you want to appear on the parent letter. Then press SAVE.

Back

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Save

Revert To Default



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Logged in: PENNY LEWIS

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CHIRP Web
Access Not Allowed

You are not authorized to access the requested page. Please use the menu to navigate through the site.

If you believe you are receiving this message in error, please contact CHIRP user services.



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Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

School Immunization Report		
Run Report By:		
<input type="radio"/>	School District:	ISDH TEST SCHOOL DISTRICT
<input checked="" type="radio"/>	School:	ISDH TEST SCHOOL Click to select
	School Type:	<input checked="" type="radio"/> All <input type="radio"/> Public <input type="radio"/> Non-Public
	Included Grade Levels:	<input checked="" type="radio"/> All <input type="radio"/> P3 P4 K 1st
	Vaccination Details By:	<input checked="" type="radio"/> Needing Vaccination <input type="radio"/> Completed Vaccination
	Series:	<input checked="" type="radio"/> 5:4:2:3:1 <input type="radio"/> 3:4:2:3:1
		Back Create Report

School Immunization Report

SAMPLE SCREEN SHOT

Report Date: August 12, 2008

Grades: K

Breakdown	Grade	Enrollment	Complete	Incomplete	Needing Vaccinations					Exceptions or Improper Record		
			5:4:2:3:1 Records	5:4:2:3:1 Records	DTap/Td 5	OPV/IPV 4	MMR 2	HBV 3	VAR 1	Medical	Religious	No Vacc
County / Parish: MARION School: ISDH TEST SCHOOL												
	K	1	0	1	1	0	0	1	0	0	0	0
Grade Level Totals:												
	K	1	0	1	1	0	0	1	0	0	0	0
Grand Total:		1	0	1	1	0	0	1	0	0	0	0



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Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

Action Report

Select School

Search Criteria:

State:	INDIANA
County:	<input checked="" type="radio"/> Select: MARION
School District:	ISDH TEST SCHOOL DISTRICT
Type:	<input checked="" type="radio"/> All <input type="radio"/> Public Only <input type="radio"/> Private Only
Name:	<input type="radio"/> Begins with: <input checked="" type="radio"/> Contains:
Series:	<input checked="" type="radio"/> 5:4:2:3:1 <input type="radio"/> 3:4:2:3:1

Back

Search

Search Results

Select	School Name	Street	City	State	Zip Code	Public School	Grade Levels
-->	ISDH TEST SCHOOL	2 N MERIDIAN ST	INDIANAPOLIS	IN	46204	N	Select
<input checked="" type="checkbox"/>							Preschool Four Year Olds
<input checked="" type="checkbox"/>							Preschool Three Year Olds
<input checked="" type="checkbox"/>							Kindergarten
<input checked="" type="checkbox"/>							First Grade
<input checked="" type="checkbox"/>							Second Grade
<input checked="" type="checkbox"/>							Third Grade
<input checked="" type="checkbox"/>							Fourth Grade
<input checked="" type="checkbox"/>							Fifth Grade
<input checked="" type="checkbox"/>							Sixth Grade
<input checked="" type="checkbox"/>							7th
<input checked="" type="checkbox"/>							8th
<input checked="" type="checkbox"/>							9th
<input checked="" type="checkbox"/>							10th
<input checked="" type="checkbox"/>							11th
<input checked="" type="checkbox"/>							12th

School Nurse Action Report

SAMPLE SCREEN SHOT

School: ISDH TEST SCHOOL **Report Date:** August 12, 2008

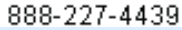
Grades: P4, P3, K, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th

Student:	BOBBY JOHNSON-PEREZ		Guardian:	MARIA	
SIIS ID:	2610913		DOB:	01/02/2003	
Grade Level:	K		Home Phone:	(260)237-8343	
Physician Name:			Physician Phone:		
Exempt :			Record Found:	Y	
Vaccine Family	Doses Needed	Recommended Date	Minimum Valid Date	Status	
HEP-B 3 DOSE**	2nd	05/29/2007	05/29/2007	Past Due	

Student:	TEST TEST	Guardian:		
SIIS ID:	1361680	DOB:	07/04/1996	
Grade Level:	6th	Home Phone:		
Physician Name:		Physician Phone:		
Exempt :		Record Found:	Y	
Vaccine Family	Doses Needed	Recommended Date	Minimum Valid Date	Status
MMR	1st	07/04/1997	07/04/1997	Past Due
DTaP/DT/Td/Tdap*	2nd	08/16/2005	08/16/2005	Past Due
HEP-B 3 DOSE**	2nd	08/16/2005	08/16/2005	Past Due
HEP-B 2 DOSE**	1st	07/04/2007	07/04/2007	Past Due

Student:	TOMMIE TEST		Guardian:	TERRA TEST	
SIIS ID:	3013895		DOB:	02/23/2001	
Grade Level:	6th		Home Phone:		
Physician Name:			Physician Phone:		
Exempt :			Record Found:	Y	
Vaccine Family	Doses Needed	Recommended Date	Minimum Valid Date	Status	
MMR	1st	02/23/2002	02/23/2002	Past Due	
POLIO	4th	02/23/2005	10/06/2001	Past Due	

Student:	THOM TEST532		Guardian:	PENNY LEWIS	
SIIS ID:	3409783		DOB:	01/01/2000	
Grade Level:	3rd		Home Phone:	(121)212-1212	
Physician Name:			Physician Phone:		
Exempt :			Record Found:	Y	
Vaccine Family	Doses Needed	Recommended Date	Minimum Valid Date	Status	
HEP-B 3 DOSE**	1st	01/01/2000	01/01/2000	Past Due	
POLIO	1st	03/01/2000	02/12/2000	Past Due	
MMR	1st	01/01/2001	01/01/2001	Past Due	
VARICELLA	1st	01/01/2001	01/01/2001	Past Due	
DTaP/DT/Td/Tdap*	2nd	09/05/2008	09/05/2008	Up to Date	



Date: August 12, 2008

in: PENNY LEWIS

SAMPLE SCREEN SHOT

Select School

State:	INDIANA
County:	<input checked="" type="radio"/> Select: MARION
School District:	ISDH TEST SCHOOL DISTRICT
Type:	<input checked="" type="radio"/> All <input type="radio"/> Public Only <input type="radio"/> Private Only
Name:	<input type="radio"/> Begins with: <input checked="" type="radio"/> Contains: <input type="text"/>
Series:	<input checked="" type="radio"/> 5:4:2:3:1 <input type="radio"/> 3:4:2:3:1

Search

Select	School Name	Street	City	State	Zip Code	Public School	Grade Levels
-->	ISDH TEST SCHOOL	2 N MERIDIAN ST	INDIANAPOLIS	IN	46204	N	Select
	<input checked="" type="checkbox"/> Preschool Four Year Olds						
	<input checked="" type="checkbox"/> Preschool Three Year Olds						
	<input checked="" type="checkbox"/> Kindergarten						
	<input checked="" type="checkbox"/> First Grade						
	<input checked="" type="checkbox"/> Second Grade						
	<input checked="" type="checkbox"/> Third Grade						
	<input checked="" type="checkbox"/> Fourth Grade						
	<input checked="" type="checkbox"/> Fifth Grade						
	<input checked="" type="checkbox"/> Sixth Grade						
	<input checked="" type="checkbox"/> 7th						
	<input checked="" type="checkbox"/> 8th						
	<input checked="" type="checkbox"/> 9th						
	<input checked="" type="checkbox"/> 10th						
	<input checked="" type="checkbox"/> 11th						
	<input checked="" type="checkbox"/> 12th						

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SAMPLE SCREEN SHOT

From:
ISDH TEST SCHOOL
2 N MERIDIAN ST
INDIANAPOLIS
INDIANA - 46204

To:
The Parent/Guardian of
BOBBY JOHNSON-PEREZ
1234 MAIN ST
AUBURN
INDIANA - 46706

Vaccine Family	Doses Needed	Recommended Date	Minimum Valid Date	Status
HEP-B 3 DOSE**	2	05/29/2007	05/29/2007	Past Due

Type in this box what you want to appear on the parent letter. Then press SAVE.



888-227-4439

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Version: 4.4.0.4



Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

Summary of Student Immunization Data

Select School

Search Criteria:

State:	INDIANA
County:	<input checked="" type="radio"/> Select: MARION
District / Region:	--select--
School District:	ISDH TEST SCHOOL DISTRICT
Type:	<input checked="" type="radio"/> All <input type="radio"/> Public Only <input type="radio"/> Private Only
Name:	<input type="radio"/> Begins with: <input checked="" type="radio"/> Contains: <input type="text"/>
Vaccination Details By:	<input checked="" type="radio"/> Needing Vaccination <input type="radio"/> Completed Vaccination
Series:	<input checked="" type="radio"/> 5:4:2:3:1 <input type="radio"/> 3:4:2:3:1

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Search

Search Results

Select	School Name	Street	City	State	Zip Code	Public School	Grade Levels
-->	ISDH TEST SCHOOL	2 N MERIDIAN ST	INDIANAPOLIS	IN	46204	N	Select
<input checked="" type="checkbox"/>	Preschool Four Year Olds						
<input checked="" type="checkbox"/>	Preschool Three Year Olds						
<input checked="" type="checkbox"/>	Kindergarten						
<input checked="" type="checkbox"/>	First Grade						
<input checked="" type="checkbox"/>	Second Grade						
<input checked="" type="checkbox"/>	Third Grade						
<input checked="" type="checkbox"/>	Fourth Grade						
<input checked="" type="checkbox"/>	Fifth Grade						
<input checked="" type="checkbox"/>	Sixth Grade						
<input checked="" type="checkbox"/>	7th						
<input checked="" type="checkbox"/>	8th						
<input checked="" type="checkbox"/>	9th						
<input checked="" type="checkbox"/>	10th						
<input checked="" type="checkbox"/>	11th						
<input checked="" type="checkbox"/>	12th						

Report for All Schools

Report Date: August 12, 2008
School: ISDH TEST SCHOOL

Summary of Student Immunization Data
SAMPLE SCREEN SHOT

Total Schools	Enrollment	Com. Records	Inc. Records	Vaccinations									Exceptions or Improper Record			Complete Series
				Incomp. DTap/Td	Incomp. OPV/IPV	Incomp. Measles	Incomp. Mumps	Incomp. Rubella	Incomp. PCV-7	Incomp. HIB	3 Incomp. HepB	Incomp. Var	Medical	Religious	No Vacc	
Type:PRIVATE																
1	4	0 (0%)	4 (100%)	4 (100%)	2 (50%)	3 (75%)	3 (75%)	3 (75%)	3 (75%)	4 (100%)	3 (75%)	1 (25%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)



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Version: 4.4.0.4



Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

Student Detail Report

Select School

Search Criteria:

State:	INDIANA
County:	<input checked="" type="radio"/> Select: MARION
District / Region:	--select--
School District:	ISDH TEST SCHOOL DISTRICT
Type:	<input checked="" type="radio"/> All <input type="radio"/> Public Only <input type="radio"/> Private Only
Name:	<input type="radio"/> Begins with: <input checked="" type="radio"/> Contains:

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Search

Search Results

Select	School Name	Street	City	State	Zip Code	Public School	Grade Levels
-->	ISDH TEST SCHOOL	2 N MERIDIAN ST	INDIANAPOLIS	IN	46204	N	Select
<input checked="" type="checkbox"/>	Preschool Four Year Olds						
<input checked="" type="checkbox"/>	Preschool Three Year Olds						
<input checked="" type="checkbox"/>	Kindergarten						
<input checked="" type="checkbox"/>	First Grade						
<input checked="" type="checkbox"/>	Second Grade						
<input checked="" type="checkbox"/>	Third Grade						
<input checked="" type="checkbox"/>	Fourth Grade						
<input checked="" type="checkbox"/>	Fifth Grade						
<input checked="" type="checkbox"/>	Sixth Grade						
<input checked="" type="checkbox"/>	7th						
<input checked="" type="checkbox"/>	8th						
<input checked="" type="checkbox"/>	9th						
<input checked="" type="checkbox"/>	10th						
<input checked="" type="checkbox"/>	11th						
<input checked="" type="checkbox"/>	12th						

School Nurse Student Detail Report

School: ISDH TEST SCHOOL

Report Date: August 12, 2008

Grades: P4, P3, K, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th

Total Patients Selected: 4

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian	Phone Number	Grade Level
2610913	BOBBY		JOHNSON-PEREZ	01/02/2003	MARIA	(260)237-8343	K
Vaccine Name		Vaccination Date		Historical			
DTaP		06/23/2006		Y			
DTaP		08/23/2006		Y			
DTaP		05/01/2007		Y			
DTaP		05/14/2008		N			
Hep B/Hib		05/01/2007		N			
IPV		10/23/2006		Y			
IPV		07/30/2007		Y			
IPV		05/14/2008		Y			
MMR		08/07/2007		N			
MMR		05/14/2008		Y			
Pneumococcal(PCV7)		03/02/2004		Y			
Pneumococcal(PCV7)		05/02/2004		Y			
Pneumococcal(PCV7)		07/03/2004		Y			
Pneumococcal(PCV7)		01/02/2005		Y			

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian	Phone Number	Grade Level
3409783	THOM		TEST532	01/01/2000	PENNY LEWIS	(121)212-1212	3rd
Vaccine Name		Vaccination Date		Historical			
DTaP		08/08/2008		N			

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian	Phone Number	Grade Level
1361680	TEST		TEST	07/04/1996			6th
Vaccine Name		Vaccination Date		Historical			
DTaP/Hep B/IPV		07/19/2005		N			
Hib--HbOC		09/04/1996		Y			
OPV		09/04/1996		Y			
OPV		11/04/1996		Y			
OPV		11/02/1999		Y			

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian	Phone Number	Grade Level
3013895	TOMMIE		TEST	02/23/2001	TERRA TEST		6th
Vaccine Name		Vaccination Date		Historical			
Varicella		Exempt					
DTaP		08/08/2007		Y			
DTaP/Hep B/IPV		04/06/2001		Y			
DTaP/Hep B/IPV		08/10/2001		Y			
DTaP/Hep B/IPV		09/08/2001		Y			
Hep B Ped/Adol - Preserv Free		02/23/2001		Y			
PPD Test		06/19/2008		Y			

Grade Level	Total Patients	Total Vaccinations
P3		
7th		
8th		

SAMPLE SCREEN SHOT

Official State Record of Student Immunization

Public and Private Schools K-12



This record is part of the child's or students permanent record (cumulative folder) and shall transfer with that record. Health Department personnel shall have access to this record as deemed necessary.

Name of Child/Student: BOBBY JOHNSON-PEREZ
Parent or Guardian: MARIA
Address: 1234 MAIN ST
City: AUBURN

State: INDIANA

Date of Birth: 01/02/2003
Phone: (260)237-8343
P.O. Box:
Zip: 46706

Vaccine	MONTH/DAY/YEAR EACH DOSE WAS GIVEN									
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7	Dose 8	Dose 9	Dose 10
DTap/DTP/DT	06/23/2006	08/23/2006	05/01/2007	05/14/2008						
Hep B - 3 Dose	05/01/2007									
Hib	05/01/2007									
MMR	08/07/2007	05/14/2008								
OPV/IPV	10/23/2006	07/30/2007	05/14/2008							
Pneumo (PCV7)	03/02/2004	05/02/2004	07/03/2004	01/02/2005						
Varicella	History									

Varicella History: A contraindication has been reported for this vaccine. Please contact the primary care provider for more information.



888-227-4439

Logged in: PENNY LEWIS

Date: August 12, 2008

SAMPLE SCREEN SHOT

Run Report By:

School:

ISDH TEST SCHOOL

[Click to select](#)

Included Grade Levels:

☒ All

☐

P3

P4

K

1st

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Official State Record of Student Immunization

Public and Private Schools K-12



This record is part of the child's or students permanent record (cumulative folder) and shall transfer with that record. Health Department personnel shall have access to this record as deemed necessary.

School: ISDH TEST SCHOOL

Grades: P4,P3,K,1st,2nd,3rd,4th,5th,6th,7th,8th,9th,10th,11th,12th,

Name of Child/Student: BOBBY JOHNSON-PEREZ

Parent or Guardian: MARIA

Address: 1234 MAIN ST

City: AUBURN

State: IN

Date of Birth: 01/02/2003

Phone: (260)237-8343

P.O. Box:

Zip: 46706

[illegible]

Name of Child/Student: TEST TEST

Parent or Guardian:

Address: 555 MAIN STREET

City: INDIANAPOLIS

State: IN

Date of Birth: 07/04/1996

Phone: 0

P.O. Box:

Zip: 46201

[illegible]